Kentucky Department of Education Nutrition & Health Services 2545 Lawrenceburg Road Frankfort, KY 40601 Form CACFP-FDCH (Rev. 07-2005)

CORRECTED COPY FAMILY DAY CARE HOMES

REPORT AND CLAIM FOR REIMBURSEMENT

Audit	Review
ГΑ	Other

(Due 30 Days After Close of Claim Month)

You must submit a list of homes participating this month in order for your claim to be submitted for payment.

submitted for payment.		
	SECTION I	
PLACE LABEL HERE (1)	Claim Period No. Homes Total Days Food Served This Mo. (2) (3) (4) (4)	
Read instructions on reverse carefully before completing form.	(month) (year)	
SECTION II – Tier I Homes	SECTION III – Tier II Homes	
Number of Tier I Homes (5) ADA (6)	Number Tier II Homes (14) ADA (15)	
(7) Breakfast	(16) Breakfast	
(8) AM Snack	(17) AM Snack	
(9) Lunch	(18) Lunch	
(10) PM Snack	(19) PM Snack	
(11) Supper	(20) Supper	
(12) LN Snack	(21) LN Snack	
(13) TOTAL	(22) TOTAL	
SECTION IV – Mixed Tier Homes		
(23) Number of Homes Claiming Tier I and Tier II Mixed Rates (24) ADA		
Number Tier I Meals	Number Tier II Meals	
(25) Breakfast	(32) Breakfast	
(26) AM Snack	(33) AM Snack	
(27) Lunch	(34) Lunch	
(28) PM Snack	(35) PM Snack	
(29) Supper	(36) Supper	
(30) LN Snack	(37) LN Snack	
(31) TOTAL	(38) TOTAL	
SECTION V		
(39) Program Administrative Cost (32)	2) Program Income	
I certify that the information on this claim is true and correct to the best of my knowledge, that records are available to support this claim; that it is in accordance with the		
terms of existing agreement and that payment therefore has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable federal criminal statues.		
ORIGINAL Signature of Sponsor Representative	Title Date Phone Number of Person Preparing Claim	

FAMILY DAY CARE HOME CLAIM INSTRUCTIONS

INSTRUCTIONS FOR COMPLETING REPORT AND CLAIM FOR REIMBURSEMENT

Report data for one calendar month only. Amount of payment will be computed by State Agency using claiming percentages. Your claim WILL BE RETURNED FOR CORRECTION if not properly completed. Ensure that you round all amounts to the nearest dollar and THAT THE CLAIM IS SIGNED.

Two copies of each monthly report/claim are to be prepared. One copy is to remain on file at the sponsor's office; one copy is to be sent to the Division of Nutrition & Health Services, Kentucky Department of Education, 2545 Lawrenceburg Road, Frankfort, KY 40601.

All reports/claims should be mailed or faxed to the State Agency within 30 days of the close of the month. Payments are processed twice a month (on or around the 15th and 30th).

SECTION I:

- Item (1) Place sponsor label here (should contain 9-digit sponsor number, name and address).
- Item (2) Enter two digits for month and four digits for year for which claim is applicable.
- Item (3) Enter total number of homes operating this month.
- Item (4) Enter total number of days food service was provided during the month.

SECTION II – Tier I Homes:

- Item (5) Enter number of Tier I Homes.
- Item (6) Enter ADA for Tier I Homes.
- Item (7) Enter total number of Breakfasts served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (8) Enter total number of AM Snacks served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (9) Enter total number of Lunches served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (10) Enter total number of PM Snacks served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (11) Enter total number of Suppers served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (12) Enter total number of LN Snacks served to participants of Tier I Homes during the month if these meals meet USDA requirements.
- Item (13) Enter total number of meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Tier I Homes during the month if these meals meet USDA requirements.

SECTION III – Tier II Homes:

- Item (14) Enter number of Tier II Homes.
- Item (15) Enter ADA for Tier II Homes.
- Item (16) Enter total number of Breakfasts served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (17) Enter total number of AM Snacks served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (18) Enter total number of Lunches served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (19) Enter total number of PM Snacks served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (20) Enter total number of Suppers served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (21) Enter total number of LN Snacks served to participants of Tier II Homes during the month if these meals meet USDA requirements.
- Item (22) Enter total number of meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Tier I Homes during the month if these meals meet USDA requirements.

SECTION IV – Mixed Tier Homes:

- Item (23) Enter number of homes claiming Tier I and Tier II Mixed Rates
- Item (24) Enter ADA for Mixed Tier Homes.
- Item (25) Enter total number of Breakfasts served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (26) Enter total number of AM Snacks served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (27) Enter total number of Lunches served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (28) Enter total number of PM Snacks served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (29) Enter total number of Suppers served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (30) Enter total number of LN Snacks served to participants of Tier I Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (31) Enter total number of Tier I meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (32) Enter total number of Breakfasts served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (33) Enter total number of AM Snacks served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (34) Enter total number of Lunches served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (35) Enter total number of PM Snacks served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (36) Enter total number of Suppers served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (37) Enter total number of LN Snacks served to participants of Tier II Homes served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.
- Item (38) Enter total number of Tier II meals (Breakfasts, AM Snacks, Lunches, PM Snacks, Suppers and LN Snacks) served to participants of Mixed Tier Homes during the month if these meals meet USDA requirements.

SECTION V:

- Item (39) Enter Program Administrative Cost for the month.
- Item (40) Enter Program Income for the month.

An authorized sponsor representative should sign, title and date the claim and provide their phone number. Claim must be submitted with an original signature.